

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) ▼

325 Seventh Street, NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
09 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
11 01 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
09		01		2013

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																				
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2013</td></tr></table>	Y	Y	Y	Y	Y	2013						<table><tr><td colspan="5"></td><td colspan="5">2014670.42</td></tr></table>						2014670.42				
Y	Y	Y	Y	Y																		
2013																						
					2014670.42																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5"></td><td colspan="5">2715681.71</td></tr></table>						2715681.71															
					2715681.71																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5"></td><td colspan="5">145344.58</td></tr></table>						145344.58					<table><tr><td colspan="5"></td><td colspan="5">1462545.19</td></tr></table>						1462545.19				
					145344.58																	
					1462545.19																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5"></td><td colspan="5">2861026.29</td></tr></table>						2861026.29					<table><tr><td colspan="5"></td><td colspan="5">3477215.61</td></tr></table>						3477215.61				
					2861026.29																	
					3477215.61																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5"></td><td colspan="5">65206.67</td></tr></table>						65206.67					<table><tr><td colspan="5"></td><td colspan="5">681395.99</td></tr></table>						681395.99				
					65206.67																	
					681395.99																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5"></td><td colspan="5">2795819.62</td></tr></table>						2795819.62					<table><tr><td colspan="5"></td><td colspan="5">2795819.62</td></tr></table>						2795819.62				
					2795819.62																	
					2795819.62																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5"></td><td colspan="5">0.00</td></tr></table>						0.00															
					0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5"></td><td colspan="5">0.00</td></tr></table>						0.00															
					0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 09 01 2013

To:

 M M / D D / Y Y Y Y Y  
 09 30 2013
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

89329.84

630818.04

(ii) Unitemized .....

45786.81

256400.16

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

135116.65

887218.20

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

15000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

135116.65

902218.20

## 12. Transfers From Affiliated/Other

Party Committees.....

10000.00

556525.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

2000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

227.93

1801.99

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

145344.58

1462545.19

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

145344.58

1462545.19

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	136.17	3250.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	136.17	3250.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65050.00	678050.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	20.50	95.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	20.50	95.50
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	65206.67	681395.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65206.67	681395.99

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	135116.65	902218.20
34. Total Contribution Refunds (from Line 28(d)) .....	20.50	95.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	135096.15	902122.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	136.17	3250.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	136.17	3250.49

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 133

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Paul D Hain MD**

Mailing Address 4455 Laren Ln

City  
Dallas

State  
TX

Zip Code  
75244-6712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Medical Center of Dallas

Occupation

VP & Medical Director, Population Heal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 04 / 2013

**Transaction ID : 21134820**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark J Francis**

Mailing Address 2021 North 12th Street

City

Grand Junction

State

CO

Zip Code

81501-2980

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Health West

Occupation

President, CEO and Hospital Administra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 04 / 2013

**Transaction ID : 21140090**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Marcia Hughes**

Mailing Address 14256 W. 2nd Ave.

City

Golden

State

CO

Zip Code

80401-5275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 04 / 2013

**Transaction ID : 21140093**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Myra L Evans**

Mailing Address 16603 R Avenue

City  
TarkioState  
MOZip Code  
64491-9280FEC ID number of contributing  
federal political committee.

C

Name of Employer

Community Hospital-Fairfax

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2013

**Transaction ID : 21140162**

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**B. Ms. Beth Berry**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Sr. Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2013

**Transaction ID : 21140180**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Ms. Christine Bradley**

Mailing Address 2007 Terrace Place

City

Nashville

State

TN

Zip Code

37203-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vanderbilt Hospital and Clinics

Occupation

Asst. Vice Chancellor, Government Rela

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2013

**Transaction ID : 21140181**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1375.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 133  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Chris Clarke**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Senior Vice President, Center for Pati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.41

Date of Receipt

09 / 03 / 2013

**Transaction ID : 21140182**

Amount of Each Receipt this Period

233.41

Full Name (Last, First, Middle Initial)

**B. Dr. Reginald W Coopwood MD**

Mailing Address 877 Jefferson Avenue

City

Memphis

State

TN

Zip Code

38103-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Medical Center at Memphis

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 03 / 2013

**Transaction ID : 21140183**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael A. Dietrich**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.41

Date of Receipt

09 / 03 / 2013

**Transaction ID : 21140185**

Amount of Each Receipt this Period

233.41

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1266.82



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 133

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Fred Gattas Jr.

Mailing Address 17 S. Yates

City

Memphis

State

TN

Zip Code

38120-2041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Jude Children's Research Hospital

Occupation

Trustee

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2013

Transaction ID : 21140186

Amount of Each Receipt this Period

280.00

Full Name (Last, First, Middle Initial)

B. Mr. Chris Giese

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Vice President of Business Development

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

235.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2013

Transaction ID : 21140187

Amount of Each Receipt this Period

235.20

Full Name (Last, First, Middle Initial)

C. Mr. James L. Goodloe

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

466.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2013

Transaction ID : 21140188

Amount of Each Receipt this Period

466.70

SUBTOTAL of Receipts This Page (optional)..... ►

981.90

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 133

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James M Hobson**

Mailing Address 2525 De Sales Avenue

City

Chattanooga

State

TN

Zip Code

37404-1161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Health Care System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 03 / 2013

**Transaction ID : 21140189**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**B. Mr. Bill Jolley**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Vice-President-Rural Health Issues

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.41

Date of Receipt

09 / 03 / 2013

**Transaction ID : 21140197**

Amount of Each Receipt this Period

233.41

Full Name (Last, First, Middle Initial)

**C. Mr. Ronald A. Loving**

Mailing Address 3177 Forest Shadows Drive

City

Chattanooga

State

TN

Zip Code

37421-2863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erlanger Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 03 / 2013

**Transaction ID : 21140198**

Amount of Each Receipt this Period

280.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1313.41

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 133

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert P Main**

Mailing Address One Siskin Plaza

City

Chattanooga

State

TN

Zip Code

37403-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Siskin Hospital for Physical Rehabil

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 03 / 2013

**Transaction ID : 21140199**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark Medley**

Mailing Address 501 Corporate Centre Drive, Suite

City

Franklin

State

TN

Zip Code

37067-2662

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capella Healthcare

Occupation

President, Hospital Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 03 / 2013

**Transaction ID : 21140201**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Mr. Wright Pinson**

Mailing Address 1211 22nd Avenue North

City

Nashville

State

TN

Zip Code

37232-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vanderbilt Hospital and Clinics

Occupation

Deputy Vice Chancellor Health Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 03 / 2013

**Transaction ID : 21140204**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Anthony Spezia**

Mailing Address 100 Fort Sanders West Boulevard

City

Knoxville

State

TN

Zip Code

37922-3353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 03 / 2013

**Transaction ID : 21140205**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**B. Mr. Dennis Vonderfecht**

Mailing Address 400 North State of Franklin Road

City

Johnson City

State

TN

Zip Code

37604-6035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mountain States Health Alliance

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 03 / 2013

**Transaction ID : 21140206**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Ms. Gwyn E Walters**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

VP for Research and Reimbursement

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

233.41

Date of Receipt

09 / 03 / 2013

**Transaction ID : 21140207**

Amount of Each Receipt this Period

233.41

**SUBTOTAL** of Receipts This Page (optional)..... ►

1833.41

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Alan Watson**

Mailing Address 1224 Trotwood Avenue

City

Columbia

State

TN

Zip Code

38401-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maury Regional Hospital

Occupation

Vice President Affiliate and Outpatient

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 03 / 2013

**Transaction ID : 21140209**

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

**B. Dr. Barbara Brown Ph.D.**

Mailing Address 11 Countryside Lane

City

Richmond

State

VA

Zip Code

23229-7928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Hospital & Healthcare Associa

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 05 / 2013

**Transaction ID : 21140285**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Nicholas Carosi III**

Mailing Address 215 N Fairfax Street

City

Alexandria

State

VA

Zip Code

22314-2636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 05 / 2013

**Transaction ID : 21140286**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

960.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 14 OF 133  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Ronald Cottrell**

Mailing Address 3304 Healthcote Lane

City State Zip Code  
 Keswick VA 22947-9163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martha Jefferson Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : 21140287**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Christopher Davis**

Mailing Address 1521 West Ave

City State Zip Code  
 Richmond VA 23220-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Hospital & Healthcare Associa

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : 21140288**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. James E Haden**

Mailing Address 459 Locust Avenue

City State Zip Code  
 Charlottesville VA 22902-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martha Jefferson Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : 21140289**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Donna Hahn RN, MSN**

Mailing Address 2010 Health Campus Drive

City

Harrisonburg

State

VA

Zip Code

22801-8679

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockingham Memorial Hospital

Occupation

Chief Nursing Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 05 / 2013

**Transaction ID : 21140290**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Donald L. Harris**

Mailing Address 5976 Burnside Landing Drive

City

Burke

State

VA

Zip Code

22015-2522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 05 / 2013

**Transaction ID : 21140291**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Ray Mishler**

Mailing Address 100 Boulder Sprint Ct.

City

Charlottesville

State

VA

Zip Code

22902-8790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martha Jefferson Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 05 / 2013

**Transaction ID : 21140293**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Dr. J Thomas Ryan MD, MHSA**

Mailing Address 1001 Sam Perry Boulevard

City State Zip Code  
 Fredericksburg VA 22401-4453

FEC ID number of contributing federal political committee.

C

Name of Employer

Mary Washington Hospital

Occupation

Executive Vice President and Chief Med

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 05 2013

Transaction ID : 21140294

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Fred M Rankin III**

Mailing Address 4 Derby Drive

City State Zip Code  
 Fredericksburg VA 22405-3315

FEC ID number of contributing federal political committee.

C

Name of Employer

Mary Washington Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 05 2013

Transaction ID : 21140297

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Sheppard**

Mailing Address 4712 Greenbrooke Drive

City State Zip Code  
 Glen Allen VA 23060-6177

FEC ID number of contributing federal political committee.

C

Name of Employer

Bon Secours St. Francis Medical Center

Occupation

Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 05 2013

Transaction ID : 21140298

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Marlene Muller Bolster**

Mailing Address 3998 Ballynahown Circle  
#100

City State Zip Code  
Fairfax VA 22030-2498

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Northern Virginia Medical Cent

Occupation

Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 05 / 2013

**Transaction ID : 21140302**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Anthony Burchard**

Mailing Address 6115 Beech Tree Drive

City State Zip Code  
Alexandria VA 22310-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 05 / 2013

**Transaction ID : 21140304**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Mark M Gordon**

Mailing Address 13700 St Francis Boulevard

City State Zip Code  
Midlothian VA 23114-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Medical Center

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 05 / 2013

**Transaction ID : 21140305**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Gerald Kevorkian**

Mailing Address 1403 Armistead Bridge

City

Norfolk

State

VA

Zip Code

23507-1035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Chief Technology Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 05 / 2013

**Transaction ID : 21140411**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Angela Mannino**

Mailing Address 8110 Gatehouse Road  
Unit 1317

City

Falls Church

State

VA

Zip Code

22042-1252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Senior Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 05 / 2013

**Transaction ID : 21140412**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Maureen Nugent**

Mailing Address 1586 Regatta Lane

City

Reston

State

VA

Zip Code

20194-1218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Chief Accounting Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 05 / 2013

**Transaction ID : 21140413**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. David M Schwartz DO**

Mailing Address 8108 Crestridge RD

City

Fairfax Station

State

VA

Zip Code

22039-2313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Northern Virginia Medical Cent

Occupation

Vice President, Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 05 / 2013

**Transaction ID : 21140414**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Peggy F. Schmitt**

Mailing Address 6109 McGee Street

City

Kansas City

State

MO

Zip Code

64113-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Kansas City Hospital

Occupation

President/Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 06 / 2013

**Transaction ID : 21140420**

Amount of Each Receipt this Period

950.00

Full Name (Last, First, Middle Initial)

**C. Mr. Steven R Michaud**

Mailing Address 33 Fuller Road

City

Augusta

State

ME

Zip Code

04330-4910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maine Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2013

**Transaction ID : 21140434**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John A Brennan MD, MPH**

Mailing Address 3 Castle Court

City

Randolph

State

NJ

Zip Code

07869-2022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

09 / 13 / 2013

**Transaction ID : 21140438**

Amount of Each Receipt this Period

975.00

Full Name (Last, First, Middle Initial)

**B. Ms. Theresa L. Edelstein**

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

09 / 13 / 2013

**Transaction ID : 21140444**

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**C. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.32

Date of Receipt

09 / 13 / 2013

**Transaction ID : 21140448**

Amount of Each Receipt this Period

6.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

988.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sarah Lechner**

Mailing Address 760 Alexander Road

City  
PrincetonState  
NJZip Code  
08540-6305FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.25

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	13	/	2013

**Transaction ID : 21140454**

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**B. Mr. Roger D. Sarao Jr.**

Mailing Address 4 Poppy Lane

City  
HowellState  
NJZip Code  
07731-1451FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	13	/	2013

**Transaction ID : 21140462**

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**C. Mr. James Crouch**

Mailing Address 5632 State Highway P

City  
AlbanyState  
MOZip Code  
64402-8249FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Medical Center

Occupation

Vice President Technical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	05	/	2013

**Transaction ID : 21140576**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

263.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Debra M. Koelkebeck**

Mailing Address 738 County Road 130

City

Diamond

State

MO

Zip Code

64840-6136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Freeman Health System

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2013

**Transaction ID : 21140585**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Mark Steele MD**

Mailing Address 14333 South Caenen Lane

City

Olathe

State

KS

Zip Code

66062-9434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Truman Medical Centers Inc.

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2013

**Transaction ID : 21140587**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Mary C. Becker**

Mailing Address 7800 South Eagle Road

City

Columbia

State

MO

Zip Code

65203-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

09 / 05 / 2013

**Transaction ID : 21140590**

Amount of Each Receipt this Period

37.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

537.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Herb B. Kuhn**

Mailing Address 5310 Saddlebrooke Lane

City

Lohman

State

MO

Zip Code

65053-9353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

09 / 05 / 2013

**Transaction ID : 21140609**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Daniel R. Landon**

Mailing Address 1811 Forest Park Court

City

Jefferson City

State

MO

Zip Code

65109-9782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

09 / 05 / 2013

**Transaction ID : 21140610**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Mr. Christopher M O'Connor**

Mailing Address 1450 Chapel Street

City

New Haven

State

CT

Zip Code

06511-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yale New Haven Health System

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 12 / 2013

**Transaction ID : 21143368**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Marie Beatrice Grause**

Mailing Address 148 Main Street

City

Montpelier

State

VT

Zip Code

05602-2913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vermont Association of Hospitals and H

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 16 / 2013

**Transaction ID : 21143374**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas A Dee**

Mailing Address 100 Hospital Drive

City

Bennington

State

VT

Zip Code

05201-5004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwestern Vermont Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

**Transaction ID : 21143375**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. George W Greene**

Mailing Address 707 Richards Street, PH2

City

Honolulu

State

HI

Zip Code

96813-4613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Healthcare Association of Hawaii

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 10 / 2013

**Transaction ID : 21143381**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1475.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Bruce Roesler**

Mailing Address 308 North Maple Avenue

City

New Hampton

State

IA

Zip Code

50659-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-New Hampton

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 10 / 2013

**Transaction ID : 21143384**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen M. Ahnen**

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

09 / 12 / 2013

**Transaction ID : 21143584**

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

**C. Ms. Paula Minnehan**

Mailing Address 283 Gallopin Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

09 / 12 / 2013

**Transaction ID : 21143585**

Amount of Each Receipt this Period

16.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

311.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Leslie K. Melby**

Mailing Address 375 Farrington Colner Road

City

Hopkinton

State

NH

Zip Code

03229-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

09 / 12 / 2013

Transaction ID : 21143586

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jay M. Baumgartner**

Mailing Address 111 Woodlawn Dr.

City

Warsaw

State

IN

Zip Code

46580-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Otis R. Bowen Center for Human Service

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 17 / 2013

Transaction ID : 21143661

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. JoAnn Birdzell**

Mailing Address 12431 Van Buren Street

City

Crown Point

State

IN

Zip Code

46307-9210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Catherine Hospital

Occupation

Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 17 / 2013

Transaction ID : 21143663

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

516.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Raymond E. Dusman M.D.**

Mailing Address 2109 Turnberry Lane

City

Fort Wayne

State

IN

Zip Code

46814-9394

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parkview Health

Occupation

Chief Physician Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 17 / 2013

**Transaction ID : 21143670**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. John Griep MD**

Mailing Address P.O. Box 1220

City

Valparaiso

State

IN

Zip Code

46384-1220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Catherine Hospital

Occupation

Chief Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 17 / 2013

**Transaction ID : 21143677**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Linda E White**

Mailing Address 5505 Timberlake Court

City

Evansville

State

IN

Zip Code

47710-4134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Deaconess Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 17 / 2013

**Transaction ID : 21143711**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Bradley Beard**

Mailing Address 6401 France Avenue South

City State Zip Code  
Edina MN 55435-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairview Southdale Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

09 / 11 / 2013

**Transaction ID : 21143857**

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Craig J Broman MHA, FACHE**

Mailing Address 1406 Sixth Avenue North

City State Zip Code  
Saint Cloud MN 56303-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Cloud Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

09 / 11 / 2013

**Transaction ID : 21143858**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Ty W Erickson**

Mailing Address 1175 Nininger Road

City State Zip Code  
Hastings MN 55033-1056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regina Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

09 / 11 / 2013

**Transaction ID : 21143951**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John W Herman**

Mailing Address 911 Northland Drive

City

Princeton

State

MN

Zip Code

55371-2172

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fairview Northland Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	11	/	2013

**Transaction ID : 21143954**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. Lawrence J Massa**

Mailing Address 2550 University Avenue West, Suite

City

Saint Paul

State

MN

Zip Code

55114-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

542.94

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	11	/	2013

**Transaction ID : 21144054**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mr. Charles Mooty**

Mailing Address 2450 Riverside Avenue

City

Minneapolis

State

MN

Zip Code

55454-1450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fairview Health Services

Occupation

Interim Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	11	/	2013

**Transaction ID : 21144055**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Terence Pladson MD**

Mailing Address 1406 Sixth Avenue North

City

Saint Cloud

State

MN

Zip Code

56303-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CentraCare Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

09 / 11 / 2013

Transaction ID : 21144057

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. Larry A Schulz**

Mailing Address P O Box 728

City

Fergus Falls

State

MN

Zip Code

56538-0728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Region Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2013

Transaction ID : 21144058

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Randy Ulseth**

Mailing Address 301 South Highway 65

City

Mora

State

MN

Zip Code

55051-1899

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FirstLight Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 11 / 2013

Transaction ID : 21144065

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

320.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Carl P Vaagenes**

Mailing Address 111 17th Avenue East

City State Zip Code  
 Alexandria MN 56308-5273

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Douglas County Hospital

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 11 / 2013

Transaction ID : 21144066

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin E Lofton FACHE**

Mailing Address 198 Inverness Drive West, Suite 80

City State Zip Code  
 Englewood CO 80112-5202

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Catholic Health Initiatives

Occupation  
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 13 / 2013

Transaction ID : 21147184

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Russell William Johnson**

Mailing Address 5111 DTC Parkway

City State Zip Code  
 Greenwood Village CO 80111-2601

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Centura Health

Occupation  
 Senior VP of Network Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 13 / 2013

Transaction ID : 21147190

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1020.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Robert J Santilli**

Mailing Address 1068 West Baltimore Pike

City	State	Zip Code
Media	PA	19063-5177

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Gunnison Valley Hospital

 Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

Transaction ID : 21147191

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Etta S. Fielek**

Mailing Address 110 4th St., SE

City	State	Zip Code
Washington	DC	20003-1012

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 American Hospital Association-Washingt

 Occupation  
 Vice President, Political Outreach

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2013

Transaction ID : 21150282

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Mr. Edward Nairn**
 Mailing Address Highlands Regional Med Ctr  
 Box 668

City	State	Zip Code
Prestonburg	KY	41653-0668

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Highlands Regional Medical Center

 Occupation  
 Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

Transaction ID : 21151614

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

560.00

TOTAL This Period (last page this line number only)..... ►



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James W. Taylor**

Mailing Address 803 Poplar Street

City

Murray

State

KY

Zip Code

42071-2467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Murray-Calloway County Hospital

Occupation

Vice President of Professional Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 10 / 2013

**Transaction ID : 21151615**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Harold C Warman Jr FACHE**

Mailing Address P O Box 668

City

Prestonsburg

State

KY

Zip Code

41653-0668

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Highlands Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 10 / 2013

**Transaction ID : 21151616**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jack G. Blackwell**

Mailing Address 2201 Forest Ave

City

Ashland

State

KY

Zip Code

41101-3728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Highlands Regional Medical Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 10 / 2013

**Transaction ID : 21151617**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Randy L Napier**

Mailing Address 1412 Harry Hughes Road

City

Charlestown

State

IN

Zip Code

47111-9102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frazier Rehab Institute

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 10 / 2013

**Transaction ID : 21151627**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Mr. John D Harryman**

Mailing Address 4001 Dutchmans Lane

City

Louisville

State

KY

Zip Code

40207-4799

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norton Brownsboro Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 10 / 2013

**Transaction ID : 21151633**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Harold L Krueger Jr**

Mailing Address 525 Main St

City

Chadron

State

NE

Zip Code

69337-2546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chadron Community Hospital and Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 13 / 2013

**Transaction ID : 21151655**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Ryan Larsen**

Mailing Address 2602 Schoenheit

City

Falls City

State

NE

Zip Code

68355-3142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Community Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 13 / 2013

**Transaction ID : 21151656**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Sandra L Coletta**

Mailing Address 455 Tollgate Road

City

Warwick

State

RI

Zip Code

02886-2759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Care New England Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 24 / 2013

**Transaction ID : 21154121**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**c. Mr. Daniel McElligott FACHE**

Mailing Address 604 Sandalwood Dr

City

Grand Island

State

NE

Zip Code

68803-3135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Francis Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 13 / 2013

**Transaction ID : 21154185**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kimberly A Russel**

Mailing Address 4031 Thorn Ct

City

Lincoln

State

NE

Zip Code

68520-9321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bryan Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 13 / 2013

**Transaction ID : 21154195**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jonathan R. Bruss**

Mailing Address 30 W 061 Kensington Drive

City

Warrenville

State

IL

Zip Code

60555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Trinity Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 16 / 2013

**Transaction ID : 21154207**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Mr. Alan H Channing**

Mailing Address 1500 South California Avenue

City

Chicago

State

IL

Zip Code

60608-1729

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Sinai Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 16 / 2013

**Transaction ID : 21154209**

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1450.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard B Floyd**

Mailing Address 1425 North Randall Road

City State Zip Code  
 Elgin IL 60123-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Sherman Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 16 2013

**Transaction ID : 21154210**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Mr. David S Fox**

Mailing Address 3815 Highland Avenue

City State Zip Code  
 Downers Grove IL 60515-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Good Samaritan Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 16 2013

**Transaction ID : 21154212**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**C. Mr. Richard S Kowalski FACHE**

Mailing Address 3333 North Seminary Street

City State Zip Code  
 Galesburg IL 61401-1299

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSF St. Mary Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 16 2013

**Transaction ID : 21154215**

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3200.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Patrick M Magoon**

Mailing Address 2300 Children's Plaza

City

Chicago

State

IL

Zip Code

60614-3394

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ann & Robert H. Lurie Children's Hospi

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

09 / 16 / 2013

**Transaction ID : 21154216**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Mr. Dominic Nakis**

Mailing Address 2268 River Woods Drive

City

Naperville

State

IL

Zip Code

60565-6351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 16 / 2013

**Transaction ID : 21154223**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Mr. Donald Sandercock**

Mailing Address 709 Country Club Rd

City

Mattoon

State

IL

Zip Code

61938-9272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sarah Bush Lincoln Health Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 16 / 2013

**Transaction ID : 21154225**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David L. Schreiner**

Mailing Address 1435 Tilton Park Drive

City  
Dixon

State  
IL

Zip Code  
61021-1437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Katherine Shaw Bethea Hospital

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 16 / 2013

**Transaction ID : 21154226**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**B. Dr. Marsha A Prater PhD, RN**

Mailing Address 701 North First Street

City  
Springfield

State  
IL

Zip Code  
62781-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Health System

Occupation

Senior Vice President and Chief Nursin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 16 / 2013

**Transaction ID : 21154238**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael K Powers FACHE**

Mailing Address 1650 Cowles Street

City  
Fairbanks

State  
AK

Zip Code  
99701-5998

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fairbanks Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : 21156488**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Catherine Barr**

Mailing Address 559 Capitol Boulevard

City State Zip Code  
 Saint Paul MN 55103-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthEast Bethesda Hospital

Occupation

Senior Vice President and President, B

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 17 / 2013

**Transaction ID : 21156492**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr. Thomas Burke M.D.**

Mailing Address 1515 Holcombe Blvd Unit 1491

City State Zip Code  
 Houston TX 77030-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Texas M.D. Anderson Canc

Occupation

Executive VP/Physician-in-Chief

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 19 / 2013

**Transaction ID : 21156493**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jeffrey A Johnston**

Mailing Address 8300 Delmar Boulevard  
 Apt. 304

City State Zip Code  
 Saint Louis MO 63124-2191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Hospital St. Louis

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : 21156503**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1650.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jason Bezozo**

Mailing Address P O Box 25489

City

Phoenix

State

AZ

Zip Code

85002-5489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Banner Heart Hospital

Occupation

System Director Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 24 / 2013

**Transaction ID : 21156504**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Paula Minnehan**

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21156509**

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**C. Ms. Leslie K. Melby**

Mailing Address 375 Farrington Colner Road

City

Hopkinton

State

NH

Zip Code

03229-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21156510**

Amount of Each Receipt this Period

16.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

532.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Stephen M. Ahnen**

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

864.50

Date of Receipt

09 / 23 / 2013

Transaction ID : 21156621

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

**B. Mr. Jerry E Jurena**

Mailing Address 1622 East Interstate Avenue, Suite

City

Bismarck

State

ND

Zip Code

58503-0512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Dakota Hospital Association

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

661.00

Date of Receipt

09 / 17 / 2013

Transaction ID : 21156970

Amount of Each Receipt this Period

161.00

Full Name (Last, First, Middle Initial)

**C. Mr. Tim Blasl**

Mailing Address 1622 E. Interstate Avenue

Suite B

City

Bismarck

State

ND

Zip Code

58503-0561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Dakota Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

09 / 17 / 2013

Transaction ID : 21156971

Amount of Each Receipt this Period

700.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

906.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Linda Simmons**

Mailing Address PO Box 7340

City

Bismarck

State

ND

Zip Code

58507-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Dakota Hospital Association

Occupation

Director of Education

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2013

Transaction ID : 21156972

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Duncan Neilson**

Mailing Address 17506 SE Walta Vista Dr

City

Milwaukie

State

OR

Zip Code

97267-5547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Clinical Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : 21156985

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jay Henry**

Mailing Address 2500 NE Neff Road

City

Bend

State

OR

Zip Code

97701-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Charles Medical Center - Bend

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : 21156988

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Rodger H Baker**

Mailing Address 500 Hospital Drive

City

Warrenton

State

VA

Zip Code

20186-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fauquier Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : 21157766**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. W Scott Burnette**

Mailing Address P O Box 90

City

South Hill

State

VA

Zip Code

23970-0090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Community Memorial Healthcenter

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : 21157767**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Susan Carroll**

Mailing Address 44045 Riverside Parkway

City

Leesburg

State

VA

Zip Code

20176-5101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Loudoun Hospital

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : 21157768**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kathren Dowdy**

Mailing Address 117 Lillie Ave

City

Tazewell

State

VA

Zip Code

24651-8300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Tazewell Community Hospital

Occupation

Chief Nursing Officer/ COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : 21157769**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Ronald Ewald**

Mailing Address 3300 Gallows Road

City

Falls Church

State

VA

Zip Code

22042-3300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : 21157770**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. John Fick**

Mailing Address PO Box 7567

City

Fredericksburg

State

VA

Zip Code

22404-7567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Washington Healthcare

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : 21157771**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Marie Frederick**

Mailing Address 11104 Trinity Lane

City

Fredericksburg

State

VA

Zip Code

22407-3712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Washington Healthcare

Occupation

Admin Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : 21157772**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Brian Gradle**

Mailing Address 400 Great Falls St

City

Falls Church

State

VA

Zip Code

22046-2608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours-Richmond Community Hospita

Occupation

Vice President Corporate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : 21157773**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael K Kerner**

Mailing Address 150 Kingsley Lane

City

Norfolk

State

VA

Zip Code

23505-4602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours-DePaul Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : 21157775**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Mary N Mannix FACHE**

Mailing Address P O Box 1000

City

Fishersville

State

VA

Zip Code

22939-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Augusta Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : 21157791**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Anhtai Nguyen**

Mailing Address 6186 Toledo Place

City

Haymarket

State

VA

Zip Code

20169-3298

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fauquier Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : 21157792**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Christopher O'Brien**

Mailing Address 204 Kent Oaks Mews

City

Gaithersburg

State

MD

Zip Code

20878-5723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Hospital Center - Arlington

Occupation

Vice President, Physician Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : 21157793**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Katy Reeves**

Mailing Address 15847 Spyglass Hill Loop

City State Zip Code  
 Gainesville VA 20155-3202

FEC ID number of contributing federal political committee.

C

Name of Employer

Fauquier Hospital

Occupation

Vice President Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 18 2013

Transaction ID : 21157794

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark Runyon**

Mailing Address 43101 Finders Lane

City State Zip Code  
 South Riding VA 20152-3444

FEC ID number of contributing federal political committee.

C

Name of Employer

Inova Health System

Occupation

Senior Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 18 2013

Transaction ID : 21157795

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Heather Russell**

Mailing Address 3300 Gallow Rd

City State Zip Code  
 Falls Church VA 22042-3307

FEC ID number of contributing federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

Sr Dir, Critical Care &amp; Neuro Sciences

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 18 2013

Transaction ID : 21157820

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Gary L Scott**

Mailing Address 4656 Afton Lane

City

Roanoke

State

VA

Zip Code

24012-8700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : 21157821**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Terri Spence**

Mailing Address 4720 Skip Jack CT

City

Virginia Beach

State

VA

Zip Code

23464-6309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours Health System, Inc.

Occupation

VP Information Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : 21157822**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Dr. Maureen Swick RN, PHD, N**

Mailing Address 8110 Gatehouse Road  
Suite 200E

City

Falls Church

State

VA

Zip Code

22042-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Senior Vice President, Chief Nursing O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2013

**Transaction ID : 21157823**

Amount of Each Receipt this Period

350.00

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**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kathryn S Wall**

Mailing Address 2300 Fall Hill Ave Ste 308

City

Fredericksburg

State

VA

Zip Code

22401-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Washington Healthcare

Occupation

Executive Vice President Human Resourc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2013

**Transaction ID : 21157824**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr Ralph Whatley**

Mailing Address 85 Stoneledge Dr

City

Roanoke

State

VA

Zip Code

24019-8503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2013

**Transaction ID : 21157825**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Sue Anderson**

Mailing Address 900 Seneca St

City

Seattle

State

WA

Zip Code

98122-4212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Senior Vice President, Chief Financial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2013

**Transaction ID : 21157878**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Scott W Bosch FACHE**

Mailing Address 2520 Cherry Avenue

City

Bremerton

State

WA

Zip Code

98310-4270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harrison Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 24 / 2013

**Transaction ID : 21157885**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. John Beitzel**

Mailing Address 939 Caroline Street

City

Port Angeles

State

WA

Zip Code

98362-3909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Olympic Medical Center

Occupation

Board President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 24 / 2013

**Transaction ID : 21157886**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Diane Blake**

Mailing Address P O Box 330

City

Leavenworth

State

WA

Zip Code

98826-0330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cascade Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 24 / 2013

**Transaction ID : 21157887**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Bill Dolsen**

Mailing Address 213 Observation Drive

City State Zip Code  
 Yakima WA 98901-1670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Yakima Valley Memorial Hospital

Occupation  
 Governing Board Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 24 / 2013

**Transaction ID : 21157888**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Renee K Jensen**

Mailing Address 322 South Birch Street

City State Zip Code  
 McCleary WA 98557-9522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Summit Pacific Medical Center

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 24 / 2013

**Transaction ID : 21157889**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael T Liepman**

Mailing Address P O Box 1376

City State Zip Code  
 Mount Vernon WA 98273-1376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Skagit Valley Hospital

Occupation  
 Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 24 / 2013

**Transaction ID : 21157890**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Scott O'Brien**

Mailing Address 2628 West Westlover Rd

City

Spokane

State

WA

Zip Code

99208-5569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Sacred Heart Medical Center

Occupation

Chief Strategy Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
09 / 24 / 2013

**Transaction ID : 21157891**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Cassie Sauer**

Mailing Address 300 Elliott Avenue West  
Suite 300

City

Seattle

State

WA

Zip Code

98119-4198

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
09 / 24 / 2013

**Transaction ID : 21157892**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Rand J Wortman**

Mailing Address 888 Swift Boulevard

City

Richland

State

WA

Zip Code

99352-3542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kadlec Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
09 / 24 / 2013

**Transaction ID : 21157893**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gregg A Davidson FACHE

Mailing Address P O Box 1376

City

Mount Vernon

State

WA

Zip Code

98273-1376

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Skagit Valley Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2013

Transaction ID : 21157894

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Joseph M Kortum

Mailing Address 400 NE Mother Joseph Place

City

Vancouver

State

WA

Zip Code

98664-3200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth Southwest Medical Center

Occupation

President and Chief Mission Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2013

Transaction ID : 21157895

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Peter Rutherford

Mailing Address 2105 Ione Street

City

Wenatchee

State

WA

Zip Code

98801-1343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Washington Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2013

Transaction ID : 21157896

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Alan R Yordy**

Mailing Address 1915 SE 34th, Suite 106, Box 246

City State Zip Code  
 Camas WA 98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

President and Chief Mission Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

09 / 24 / 2013

**Transaction ID : 21157897**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Ms. Paula F. Baker**

Mailing Address 3820 Old Orchard Road

City State Zip Code  
 Joplin MO 64804-8008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Freeman Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 17 / 2013

**Transaction ID : 21158424**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Judith K Feuquay**

Mailing Address P.O. Box 376

City State Zip Code  
 Nevada MO 64772-0376

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nevada Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 17 / 2013

**Transaction ID : 21158493**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Gary A. Perkins**

Mailing Address 22621 Homestead Rd

City State Zip Code  
 Elkhorn NE 68022-2412

FEC ID number of contributing federal political committee.

C

Name of Employer

Children's Hospital and Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 23 / 2013

Transaction ID : 21159819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark D Nelson**

Mailing Address 191 North Wacker Drive, Suite 3700

City State Zip Code  
 Chicago IL 60606-1615

FEC ID number of contributing federal political committee.

C

Name of Employer

Advocate Christ Medical Center

Occupation

Chair, Governing Council

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 30 / 2013

Transaction ID : 21186745

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Katy Reeves**

Mailing Address 15847 Spyglass Hill Loop

City State Zip Code  
 Gainesville VA 20155-3202

FEC ID number of contributing federal political committee.

C

Name of Employer

Fauquier Hospital

Occupation

Vice President Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 30 / 2013

Transaction ID : 21186749

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Margaret Naleppa M.D.

Mailing Address 1121 Riverside Drive

City  
Salisbury

State  
MD

Zip Code  
21801-5422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Peninsula Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2013

Transaction ID : 21186759

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

B. Mr. Glenn A. Reed Esq.

Mailing Address 191 Peachtree Street

City  
Atlanta

State  
GA

Zip Code  
30309-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

King &amp; Spalding

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013

Transaction ID : 21186776

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mr. Leo E. Reichert

Mailing Address 805 Sandy Plains Road

City  
Marietta

State  
GA

Zip Code  
30066-6340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellStar Health System

Occupation

Executive Vice President &amp; General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013

Transaction ID : 21186777

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1510.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard L. Shackelford**

Mailing Address 3325 Valley Road

City

Atlanta

State

GA

Zip Code

30305-1150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

King & Spalding

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21186779**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas Gheringhelli**

Mailing Address 125 Parker Hill Avenue

City

Roxbury Crossing

State

MA

Zip Code

02120-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New England Baptist Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

09 / 24 / 2013

**Transaction ID : 21186785**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**c. Mr. Douglas A Duchak**

Mailing Address 2 Witte Place

City

Mahwah

State

NJ

Zip Code

07430-3157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Englewood Hospital and Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

09 / 27 / 2013

**Transaction ID : 21186803**

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1087.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Theresa L. Edelstein**

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.50

Date of Receipt

09 / 27 / 2013

**Transaction ID : 21186804**

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**B. Mr Eugene Grochala**

Mailing Address 3 Barto Way

City

Robbinsville

State

NJ

Zip Code

08691-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

Vice President Information Systems

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

09 / 27 / 2013

**Transaction ID : 21186809**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**C. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.82

Date of Receipt

09 / 27 / 2013

**Transaction ID : 21186810**

Amount of Each Receipt this Period

6.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sarah Lechner**

Mailing Address 760 Alexander Road

City  
Princeton

State  
NJ

Zip Code  
08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.75

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 27 / 2013

**Transaction ID : 21186819**

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**B. Mr. Ronald C Rak JD**

Mailing Address 34 Federal City Road

City  
Ewing

State  
NJ

Zip Code  
08638-1321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Peter's University Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 27 / 2013

**Transaction ID : 21186829**

Amount of Each Receipt this Period

1300.00

Full Name (Last, First, Middle Initial)

**c. Dr. Robert Remstein DO**

Mailing Address 197 Anselm Road

City  
Richboro

State  
PA

Zip Code  
18954-2032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 27 / 2013

**Transaction ID : 21186830**

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1534.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Roger D. Sarao Jr.**

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

214.50

Date of Receipt

09 / 27 / 2013

**Transaction ID : 21186831**

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**B. Ms. Linda A Savino MS**

Mailing Address 2 Centre Plaza

City

Tinton Falls

State

NJ

Zip Code

07724-9744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rehabilitation Hospital of Tinton Fall

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

09 / 27 / 2013

**Transaction ID : 21186832**

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**C. Ms. Elizabeth Pauchnik**

Mailing Address 3366 NW Expressway, Suite 800

City

Oklahoma City

State

OK

Zip Code

73112-4458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTEGRIS Health

Occupation

General Counsel/Chief Admin

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 03 / 2013

**Transaction ID : 21186847**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

581.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Paul Lecat**

Mailing Address 1098 Maple St

City

State

Zip Code

Tallmadge

OH

44278-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Akron General Health System

Chair, Graduate Medical Education and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2013

**Transaction ID : 21188114**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Christine A Browning**

Mailing Address 6150 E Broad St

City

State

Zip Code

Columbus

OH

43213-1574

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Mount Carmel Health System

Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2013

**Transaction ID : 21188140**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Ms. Beth Traini**

Mailing Address 8022 Fairway Dr.

City

State

Zip Code

Columbus

OH

43235-1110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Mount Carmel

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2013

**Transaction ID : 21188145**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Sean McKibben**

Mailing Address 793 West State Street

City

Columbus

State

OH

Zip Code

43222-1551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Carmel

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 25 / 2013

Transaction ID : 21188186

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr Richard J Streck , M.D.**

Mailing Address 400 Wabash Avenue

City

Akron

State

OH

Zip Code

44307-2433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Akron General Medical Center

Occupation

Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 25 / 2013

Transaction ID : 21188188

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mr. Tony J. Gregory**

Mailing Address 1158 Creekstone Ridge

City

South Charleston

State

WV

Zip Code

25309-9473

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Virginia Hospital Association

Occupation

VP Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2013

Transaction ID : 21188888

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John E Walker FACHE**

Mailing Address 225 Tomahawk Trail

City

Chapmanville

State

WV

Zip Code

25508-9366

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Logan Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21188889**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael A King FACHE**

Mailing Address 1503 Greenmont Hills Drive

City

Vienna

State

WV

Zip Code

26105-3282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Camden Clark Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21188891**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. David Darden**

Mailing Address 119 Montgomery Lane

City

Daniels

State

WV

Zip Code

25832-9739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Raleigh General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21188892**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Glen A Washington**

Mailing Address 14267 St. Rt. 243

City

Chesapeake

State

OH

Zip Code

45619-8708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cabell Huntington Hospital

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2013

Transaction ID : 21188906

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Barbara Lay**

Mailing Address 57 Hillside Bluffs Lane

City

Buckeye

State

WV

Zip Code

24924-9641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pocahontas Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2013

Transaction ID : 21188907

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Todd Campbell**

Mailing Address 125 Water Side Circle

City

Winfield

State

WV

Zip Code

25213-9551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Mary's Medical Center

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2013

Transaction ID : 21188910

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Darryl L. Duncan**

Mailing Address 2014 Ices Ferry Drive

City

Morgantown

State

WV

Zip Code

26508-8059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Monongalia General Hospital

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21191213**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. David M Ward**

Mailing Address 2330 Hickory Ridge Road

City

Ashland

State

KY

Zip Code

41101-3604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cabell Huntington Hospital

Occupation

Senior Vice President & Chief Financia

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21191215**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. John C. Forester**

Mailing Address 1074 Koontz Avenue

City

Morgantown

State

WV

Zip Code

26505-3321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Virginia United Health System

Occupation

VP Physician Practices/ CEO UPC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21191216**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Sheils**

Mailing Address 124 Brady Drive

City State Zip Code  
 Barboursville WV 25504-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Mary's Medical Center

Occupation

Foundation President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21191217**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Angela Swearingen**

Mailing Address 3788 Blue Sulphur Road

City State Zip Code  
 Ona WV 25545-9760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Mary's Medical Center

Occupation

VP Finance / CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21191237**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Sherry Simmons RN, MSN**

Mailing Address 1103 18th Street

City State Zip Code  
 Parkersburg WV 26105-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Camden Clark Medical Center

Occupation

CNO/VP Patient Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21191241**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Evelyn Letnaunchyn**

Mailing Address 225 Ariel Heights

City

Charleston

State

WV

Zip Code

25311-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21191244**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Douglas E Bentz**

Mailing Address 100 Seneca Valley Estates

City

Sissonville

State

WV

Zip Code

25320-9781

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roane General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21191248**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Sue E Johnson-Phillippe**

Mailing Address 42 Fairlawn Drive

City

Buckhannon

State

WV

Zip Code

26201-2276

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph's Hospital of Buckhannon

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21191260**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Shelia M. Kyle MD**

Mailing Address 2 Mockingbird Drive

City State Zip Code  
Milton WV 25541-1131

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
St. Mary's Medical Center VP School of Nursing & Health

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 23 2013

**Transaction ID : 21191297**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. J. Thomas Jones**

Mailing Address 8 Edwin Street

City State Zip Code  
Morgantown WV 26501-8505

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
West Virginia United Health System President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 23 2013

**Transaction ID : 21191298**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Doak**

Mailing Address RR 1 Box 180

City State Zip Code  
Beverly WV 26253-9753

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Davis Memorial Hospital President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 23 2013

**Transaction ID : 21191314**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Timothy M. Parnell**

Mailing Address 1412 North 4th Street

City

Ironton

State

OH

Zip Code

45638-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Mary's Medical Center

Occupation

VP Support Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21191315**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Mary Beth Barr RN**

Mailing Address 217 Woodlawn Drive

City

Petersburg

State

WV

Zip Code

26847-5418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grant Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21191321**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Brent A Marsteller**

Mailing Address 2010 Military Road

City

Huntington

State

WV

Zip Code

25701-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cabell Huntington Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21191323**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Cindy Kern**

Mailing Address 370 Kern Road

City State Zip Code  
 Waterford OH 45786-5190

FEC ID number of contributing federal political committee.

C

Name of Employer

Camden Clark Medical Center

Occupation

VP Quality &amp; Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 23 2013

Transaction ID : 21191331

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Hoyt J Burdick MD**

Mailing Address 251 High Drive

City State Zip Code  
 Huntington WV 25705-3527

FEC ID number of contributing federal political committee.

C

Name of Employer

Cabell Huntington Hospital

Occupation

Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 23 2013

Transaction ID : 21191332

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Randall H Hodges**

Mailing Address 126 Westland Estates

City State Zip Code  
 Winfield WV 25213-9704

FEC ID number of contributing federal political committee.

C

Name of Employer

CAMC Teays Valley Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 23 2013

Transaction ID : 21191334

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael Caruso MD**

Mailing Address 114 Elm Street

City  
Wheeling

State  
WV

Zip Code  
26003-6010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wheeling Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2013

**Transaction ID : 21191335**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. William T Manson III**

Mailing Address 800 N. Fant St.

City

Anderson

State

SC

Zip Code

29621-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AnMed Health Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191340**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jerry A Parrish**

Mailing Address 800 North Fant Street

City

Anderson

State

SC

Zip Code

29621-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AnMed Health Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191341**

Amount of Each Receipt this Period

500.00

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1000.00



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Daniel Duggan**

Mailing Address 330 Henderson Rd

City

Greenville

State

SC

Zip Code

29607-3346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Xavier Hospita

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191342**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Teri Ficicchy**

Mailing Address 3000 St Matthews Road

City

Orangeburg

State

SC

Zip Code

29118-1496

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Medical Center

Occupation

Vice President, Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191354**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. Fernando Fleites**

Mailing Address 31 Station Ct  
#206

City

Greenville

State

SC

Zip Code

29601-2985

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Health System

Occupation

Senior Vice Presiednt Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191355**

Amount of Each Receipt this Period

250.00

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800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Ronnie Hyatt**

Mailing Address One St Francis Drive

City State Zip Code  
 Greenville SC 29601-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Health System

Occupation

Senior Vice President Finance and Chie

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191358**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Liz Keith**

Mailing Address 2 Deer Spring Lane

City State Zip Code  
 Simpsonville SC 29680-6516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Health System

Occupation

Senior Vice President-Mission

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191364**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark S Nantz FACHE**

Mailing Address One St Francis Drive

City State Zip Code  
 Greenville SC 29601-3999

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191366**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Scott Pietras**

Mailing Address 107 Plum Mill Ct

City

Greer

State

SC

Zip Code

29650-3629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Health System

Occupation

Vice President Corporate Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191367**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Paul F Johnson**

Mailing Address 5665 Peachtree Dunwoody Road NE

City

Atlanta

State

GA

Zip Code

30342-1701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenville Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191391**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Eugene Langan III**

Mailing Address 9 Foxglove Ct

City

Greenville

State

SC

Zip Code

29615-5505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenville Health System

Occupation

Chair, Dept of Surgery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191392**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael C. Riordan**

Mailing Address 4 White Crescent Lane

City

Simpsonville

State

SC

Zip Code

29681-3614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenville Health System

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191428**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Charles D Beaman Jr**

Mailing Address P O Box 2266

City

Columbia

State

SC

Zip Code

29202-2266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191438**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Paul K Duane**

Mailing Address P O Box 2266

City

Columbia

State

SC

Zip Code

29202-2266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health Baptist

Occupation

Chief Financial Officer and Office of

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191440**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Greg Rusnak**

Mailing Address 701 Grove Road

City

Greenville

State

SC

Zip Code

29605-4211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenville Health System

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

**Transaction ID : 21191468**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Spence Taylor**

Mailing Address 115 West Seven Oaks Dr

City

Greenville

State

SC

Zip Code

29605-3133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenville Health System

Occupation

Vice President for Academics &amp; Presid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

**Transaction ID : 21191469**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Michelle Edwards**

Mailing Address 1301 Taylor Street, Suite 9-A

City

Columbia

State

SC

Zip Code

29201-2963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health Baptist

Occupation

Executive Vice President Information T

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

**Transaction ID : 21191485**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Julian Gibbons**

Mailing Address Five Medical Park Drive

City State Zip Code  
Columbia SC 29203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

Vice President / Community & Governmen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2013

**Transaction ID : 21191487**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark Loos**

Mailing Address 8 Bardwell CT

City State Zip Code  
Blythewood SC 29016-8892

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

System Vice President/ Clinical Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2013

**Transaction ID : 21191494**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr. James Raymond MD**

Mailing Address P O Box 2266

City State Zip Code  
Columbia SC 29202-2266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

Chief Medical and Academic Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2013

**Transaction ID : 21191505**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John J Singerling III FACHE**

Mailing Address P O Box 2266

City  
ColumbiaState  
SCZip Code  
29202-2266FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

**Transaction ID : 21191507**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Deborah Tapley**

Mailing Address 145 West Circle Dr

City  
LexingtonState  
SCZip Code  
29072-8301FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

**Transaction ID : 21191514**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas C Dandridge**

Mailing Address 3000 St Matthews Road

City  
OrangeburgState  
SCZip Code  
29118-1442FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

**Transaction ID : 21191517**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Douglas Bowling**

Mailing Address 2509 Watercrest Lane

City State Zip Code  
 Johns Island SC 29455-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President of System Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 21191519**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Allen P Carroll**

Mailing Address 2095 Henry Tecklenburg Drive

City State Zip Code  
 Charleston SC 29414-5733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Xavier Hospita

Occupation

Senior Vice President and Chief Execut

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 21191520**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Mark Dickson**

Mailing Address 1572 Cypress Pt Dr

City State Zip Code  
 Mt Pleasant SC 29466-8717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President Mission

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 21191521**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David L. Dunlap FACHE**

Mailing Address 125 Doughty Street  
Suite 760

City Charleston State SC Zip Code 29403-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191522**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Greg Edwards**

Mailing Address 787 Shell Sand Cir

City Charleston State SC Zip Code 29412-4347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191523**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Doug Harrison**

Mailing Address 316 Calhoun St

City Charleston State SC Zip Code 29401-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Xavier Hospita

Occupation

Vice President Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191524**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Bret Johnson**

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Xavier Hospita

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2013

Transaction ID : 21191525

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Pennie L. Peralta RN, BSN**

Mailing Address 2223 Hunter Creek Drive

City

Charleston

State

SC

Zip Code

29414-6705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

Transaction ID : 21191526

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mr. Matthew J Severance FACHE**

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2013

Transaction ID : 21191527

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Steven D Shapiro MD**

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Xavier Hospita

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191528**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. John Sullivan**

Mailing Address 1772 Bellamy Circle

City

Albemarle

State

NC

Zip Code

28001-9511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191529**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Taylor**

Mailing Address 1725 Johnson Marina Rd

City

Chapin

State

SC

Zip Code

29036-8501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191530**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Diana Topjian MSN, RN**

Mailing Address 3500 Highway 17 North

City

Mount Pleasant

State

SC

Zip Code

29466-9123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Pleasant Hospital

Occupation

Vice President and Chief Nursing Execu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191531**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jay Cox FACHE**

Mailing Address 1125 Summit Drive

City

Sumter

State

SC

Zip Code

29150-1771

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tuomey Healthcare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191534**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Cheryl Martin**

Mailing Address 129 North Washington Street

City

Sumter

State

SC

Zip Code

29150-4983

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tuomey Healthcare System

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191537**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Dr. Marion Burton**

Mailing Address 128 Silvere Lake Rd East

City State Zip Code  
 Columbia SC 29223-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USC School of Medicine

Occupation

Associate Dean, Clinical Pediatrics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2013

**Transaction ID : 21191539**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. James T Berry**

Mailing Address P O Box 511

City State Zip Code  
 Purcell OK 73080-0511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Purcell Municipal Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 16 / 2013

**Transaction ID : 21193370**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mr. W. Mark Reilly**

Mailing Address 12051 Indian Creek Court

City State Zip Code  
 Beltsville MD 20705-1246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vocus

Occupation

Senior Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

09 / 24 / 2013

**Transaction ID : 21250962**

Amount of Each Receipt this Period

0.00

### **[MEMO ITEM]**

Refund(s) on Schedule B Totalling \$20.50 This changes the YTD Total to \$0.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Melinda Reid Hatton**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President &amp; General Course

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013

Transaction ID : PR1045726228704

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. David Schulke**

Mailing Address 155 N. Wacker Dr.

City Chicago State IL Zip Code 60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013

Transaction ID : PR1057462128704

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Sarah B. Macchiarola**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013

Transaction ID : PR1082532728704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

180.82

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Barbara Jellen**

Mailing Address 206 N Royal St

City

Alexandria

State

VA

Zip Code

22314-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1113464228704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Lisa Allen**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1118928228704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Dale A Kirby MHA**

Mailing Address P O Box 331

City

Colusa

State

CA

Zip Code

95932-0331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1125892328704

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Mary Meadows**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1260472928704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Jack A. Mackay**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1347703628704

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Susan Gergely**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1347791028704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

92.36



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Heather Drevna**

Mailing Address 3205 Ravensworth PL

City State Zip Code  
Alexandria VA 22302-2107

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Member Communica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2013

Transaction ID : PR1348169728704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Sharon Allen**

Mailing Address 155 N Wacker Dr

City State Zip Code  
Chicago IL 60606-1709

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2013

Transaction ID : PR1474886228704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Colucci**

Mailing Address 1061 N Penny Ln

City State Zip Code  
Palatine IL 60067-1821

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

National Director Sponsorship and Unde

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2013

Transaction ID : PR1475133728704

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

92.36

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Fannie D. Wade**

Mailing Address 7706 Heartwood Lane

City

Upper Marlboro

State

MD

Zip Code

20772-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR1476385728704**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mrs. Stephanie H Drake**

Mailing Address 155 N. Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR1492459928704**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Monica D Day**

Mailing Address 4321 Telfair Blvd  
D319

City

Suitland

State

MD

Zip Code

20746-4271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR1516850628704**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

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130.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Elisa Arespacochaga**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1555656228704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Kathy Poole**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1589439928704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Kimberly Baker**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Travel Meeting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1590809128704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

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80.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Bob Kehoe**

Mailing Address 155 N Wacker Dr Fl 7

City State Zip Code  
 Chicago IL 60606-1787

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 American Hospital Association-Chicago

Occupation  
 Executive Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2013

Transaction ID : PR1625368328704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Bill Ladewski**

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 American Hospital Association-Chicago

Occupation  
 Membership Associate, Center for Healt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2013

Transaction ID : PR1625369128704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Monique Showalter**

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 American Hospital Association-Chicago

Occupation  
 Director, Marketing AHA Solutions, Inc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2013

Transaction ID : PR1625602228704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

80.82

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Stephen Hines**

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP, Research HRET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1648726628704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Erik Rasmussen**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1819487928704

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Aimee Kuhlman**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Fed. Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1877582328704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Shari Dexter**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Political Action

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.56

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1878189828704

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Joanna Kim**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1913190528704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Evelyn Knolle**

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy -TR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

09 / 30 / 2013

Transaction ID : PR1913190728704

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

103.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 133

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Janet Henderson**

Mailing Address 155 North Wacker Drive

City	State	Zip Code
Chicago	IL	60606-1709

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR1937843128704

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Diane Jones**Mailing Address 325 Seventh Street, NW  
Suite 700

City	State	Zip Code
Washington	DC	20004-2801

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR1943461528704

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Linda Fishman**Mailing Address 325 Seventh Street, NW  
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR327629128704

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 96 OF 133

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael P. McCue**

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR327771628704**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Suzanne R. Sonik**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR32777228704**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Debra J. Stock**

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR32777828704**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.36



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 OF 133

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Neil Jesuele**

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	3		

**Transaction ID : PR327801728704**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Pamela Austin Thompson RN, MSN**Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Chief Executive Officer, AONE &amp; Sr. Vi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	3		

**Transaction ID : PR327812028704**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Joan H. Lewis**

Mailing Address 6034 North 22nd Street

City

Arlington

State

VA

Zip Code

22205-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	3		

**Transaction ID : PR327831728704**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

153.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert J. Donovan**

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

Transaction ID : PR327846228704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Ellen A. Pryga**

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City

Washington

State

DC

Zip Code

20008-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

09 / 30 / 2013

Transaction ID : PR327851928704

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Seklecki**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

Transaction ID : PR327858028704

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

142.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code  
 Millis MA 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2013

Transaction ID : PR327877828704

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. George F. Bergstrom

Mailing Address 130 North Garland Court  
 #3002

City State Zip Code  
 Chicago IL 60602-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2013

Transaction ID : PR327895728704

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Eileen M. Collins Offner

Mailing Address 325 Seventh Street, NW  
 Suite 700

City State Zip Code  
 Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Washingt

Occupation  
Director Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2013

Transaction ID : PR327906128704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

180.82

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 100 OF 133

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Judy Williams**

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR327918928704**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Richard J. Umbdenstock**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR328132828704**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Barbara Lorsbach**

Mailing Address 204 7th Ave

City State Zip Code  
La Grange IL 60525-6406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR328136928704**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 101 OF 133

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Donna J. Melkonian**

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR328223828704**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Ron O. Purcell**

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR328241428704**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Richard J. Pollack**

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR328260928704**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 133  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Carolyn Forcina**

Mailing Address 200 Clover Hill Court

City State Zip Code  
Yardley PA 19067-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : PR328511828704**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Alicia N. Mitchell**

Mailing Address 1501 N. Harrison Street

City State Zip Code  
Arlington VA 22205-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Washingt

Occupation  
Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : PR328512028704**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. George Arges**

Mailing Address One North Franklin St.

City State Zip Code  
Chicago IL 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation  
Senior Director, Health Data Managemen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2013

**Transaction ID : PR328641128704**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Anthony S Burke**

Mailing Address 155 N Wacker Dr

City State Zip Code  
 Chicago IL 60606-1709

FEC ID number of contributing federal political committee.

C

Name of Employer  
 American Hospital Association-Chicago

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2013

Transaction ID : PR328913328704

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Rebecca Chickey**

Mailing Address One North Franklin Street

City State Zip Code  
 Chicago IL 60606-4425

FEC ID number of contributing federal political committee.

C

Name of Employer  
 American Hospital Association-Chicago

Occupation  
 SPSA Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2013

Transaction ID : PR329013428704

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Dr. John R. Combes**

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer  
 American Hospital Association-Chicago

Occupation  
 President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2013

Transaction ID : PR329071328704

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

192.36

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Robyn L. Bash**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR329084428704**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. W. Thomas Deweese**

Mailing Address 500 Interstate Boulevard South

City State Zip Code  
Nashville TN 37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR329215728704**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. John Evans**

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR329342628704**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

142.36



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Patricia Meersman**

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR330343328704**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Thomas Misfeldt**

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR330411628704**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Maureen D. Mudron**

Mailing Address 325 Seventh Street, NW  
 Suite 700

City State Zip Code  
 Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR330465228704**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

142.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Paul N. Muraca**

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR330475428704**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Gene O'Dell**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR330547728704**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Eileen O'Keefe**

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR330549228704**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Anthony Spohn**

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR331098328704**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Debi H. Tucker Esq.**

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR331278828704**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Darlene S. Vanderbush**

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR331304228704**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

153.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Jo Ann Webb**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr. Director Federal Relations & Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR331379128704**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Judy Weinsheimer**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR331386928704**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. Dale Woodin**

Mailing Address 800 W. Central Road

City Arlington Heights State IL Zip Code 60005-2349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, ASHE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

**Transaction ID : PR331481328704**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.82

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Megan Cundari**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2013

Transaction ID : PR518031928704

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Laura M. Werner**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2013

Transaction ID : PR560101528704

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Carlos Jackson**

Mailing Address 325 Seventh Street, NW

City State Zip Code  
Washington DC 20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2013

Transaction ID : PR566280928704

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

153.90

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Ashley B. Thompson**

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

09 / 30 / 2013

Transaction ID : PR766023728704

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Rochelle M. Archuleta**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.93

Date of Receipt

09 / 30 / 2013

Transaction ID : PR801366328704

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Lisa Kidder Hrobsky**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

09 / 30 / 2013

Transaction ID : PR876637228704

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

142.36

**TOTAL** This Period (last page this line number only)..... ►

89329.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Texas Hospital Association HOSPAC - Federal**

Mailing Address P.O. Box 15587

City State Zip Code  
Austin TX 78761-5587

FEC ID number of contributing  
federal political committee.

**C** C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44000.00

Date of Receipt

**09 / 04 / 2013**

**Transaction ID : 21134816**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10000.00

10000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. TD Bank**

Mailing Address 901 Seventh Street, NW

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1801.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 30 2013

**Transaction ID : 21186979**

Amount of Each Receipt this Period

227.93

Interest Earned

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

227.93

227.93



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Newtek Merchant Solutions**

Mailing Address 744 N 4th Street

City Milwaukee      State WI      Zip Code 53203

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2013
**Transaction ID : 21186969**

Amount of Each Disbursement this Period

91.80

Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Paymentech**Mailing Address 14221 Dallas Parkway  
Building Two

City Dallas      State TX      Zip Code 75254

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2013
**Transaction ID : 21186970**

Amount of Each Disbursement this Period

28.50

Merchant Fees

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.30

120.30

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Texans For Senator John Cornyn Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

Mailing Address PO Box 13026

City	State	Zip Code
Austin	TX	78711

**Transaction ID : 21140650**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Sen. John Cornyn**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District:

Contribution

Full Name (Last, First, Middle Initial)

**B. Lou Barletta For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

Mailing Address P.O. Box 128

City	State	Zip Code
Hazleton	PA	18201

**Transaction ID : 21140651**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Lou Barletta**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 11

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of John Barrow**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

Mailing Address PO Box 1001

City	State	Zip Code
Augusta	GA	30903

**Transaction ID : 21140652**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. John Barrow**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 12

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 115 OF 133

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Tim Bishop For Congress**

Mailing Address PO Box 437

City	State	Zip Code
Farmingville	NY	11738

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Timothy Bishop**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

**Transaction ID : 21140655**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Vern Buchanan For Congress**

Mailing Address P. O. Box 48928

City	State	Zip Code
Sarasota	FL	34230

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Vern Buchanan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

**Transaction ID : 21140656**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Michael Burgess For Congress**

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Michael C. Burgess M.D.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

**Transaction ID : 21140658**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Capito For West Virginia**

Mailing Address PO Box 11519

City	State	Zip Code
Charleston	WV	25339

Purpose of Disbursement  
Contribution

Candidate Name

**Shelley Capito**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

**Transaction ID : 21140659**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Capuano For Congress Committee**

Mailing Address PO Box 440305

City	State	Zip Code
Somerville	MA	02144

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Michael E. Capuano**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

**Transaction ID : 21140660**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Coble For Congress**

Mailing Address PO Box 1177

City	State	Zip Code
Greensboro	NC	27402

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Howard Coble**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

**Transaction ID : 21140663**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Enyart For Congress**

Mailing Address PO Box 308

City	State	Zip Code
Belleville	IL	62222

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. William Enyart**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

**Transaction ID : 21140664**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Forbes For Congress**

Mailing Address PO Box 15100

City	State	Zip Code
Chesapeake	VA	23328

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. J. Randy Forbes**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

**Transaction ID : 21140665**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Gardner For Congress**

Mailing Address PO Box 2408

City	State	Zip Code
Loveland	CO	80539

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Cory Gardner**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

**Transaction ID : 21140666**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 133

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Jim Gerlach For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

Mailing Address PO Box 87

City	State	Zip Code
Uwchland	PA	19480

**Transaction ID : 21140667**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. James W. Gerlach**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Contribution

State: PA District: 06

Full Name (Last, First, Middle Initial)

**B. The Bill Keating Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

Mailing Address P.O. Box 3065

City	State	Zip Code
Buzzards Bay	MA	02532

**Transaction ID : 21140668**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**Rep. William Keating**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Contribution

State: MA District: 09

Full Name (Last, First, Middle Initial)

**C. Friends Of Dan Kildee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

Mailing Address P.O. Box 248

City	State	Zip Code
Flint	MI	48501

**Transaction ID : 21140669**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Daniel Kildee**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Contribution

State: MI District: 05

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 133

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. John Lewis For Congress**

Mailing Address P.O. Box 2323

City Atlanta	State GA	Zip Code 30301
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. John Lewis**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

**Transaction ID : 21140670**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Moore For Congress**

Mailing Address PO Box 16646

City Milwaukee	State WI	Zip Code 53216
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Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Gwendolynne Moore**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

**Transaction ID : 21140671**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Pascrell For Congress**

Mailing Address PO Box 100

City Teaneck	State NJ	Zip Code 07666
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. William J. Pascrell Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

**Transaction ID : 21140672**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 133

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mark Pocan For Congress**

Mailing Address PO Box 327

City Madison	State WI	Zip Code 53701
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Mark Pocan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

**Transaction ID : 21140673**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Dutch Ruppersberger For Congress Committee**Mailing Address 22 W. Padonia Road  
Suite C-141

City Timonium	State MD	Zip Code 21093
------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. C.A. Dutch Ruppersberger**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

**Transaction ID : 21140674**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Swalwell For Congress**

Mailing Address P.O. Box 2847

City Dublin	State CA	Zip Code 94568
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Eric Swalwell**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

**Transaction ID : 21140676**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 133

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Upton For All Of Us**

Mailing Address P.O. Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Frederick Stephen Upton**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

**Transaction ID : 21140677**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Ann Wagner For Congress**

Mailing Address PO Box 50

City	State	Zip Code
Ballwin	MO	63022

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ann Wagner**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

**Transaction ID : 21140678**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Healthcare Freedom Fund**

Mailing Address PO Box 3218

City	State	Zip Code
Johnson City	TN	37602-3218

Purpose of Disbursement  
2013 Contribution

Candidate Name

**Healthcare Freedom Fund**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

**Transaction ID : 21140680**

Amount of Each Disbursement this Period

1500.00
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2013 Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Mike Thompson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

**Transaction ID : 21140691**

Amount of Each Disbursement this Period

250.00
--------

Contribution

Full Name (Last, First, Middle Initial)

**B. Walters for Congress**

Mailing Address 30151 Tomas

City	State	Zip Code
Rancho Santa Margari	CA	92688

Purpose of Disbursement  
Contribution

Candidate Name

**Mimi Walters**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

**Transaction ID : 21140692**

Amount of Each Disbursement this Period

300.00
--------

Contribution

Full Name (Last, First, Middle Initial)

**C. McCollum For Congress**

Mailing Address P.O. Box 14131

City	State	Zip Code
St. Paul	MN	55114

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Betty McCollum**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

**Transaction ID : 21140693**

Amount of Each Disbursement this Period

500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1050.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Chris Gibson For Congress**

Mailing Address PO Box 234

City	State	Zip Code
Saratoga Springs	NY	12866

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Chris Gibson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

**Transaction ID : 21140694**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Nadler For Congress**

Mailing Address Village Station, PO Box 40

City	State	Zip Code
New York	NY	10014

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jerrold L. Nadler**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

**Transaction ID : 21140695**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Jim Risch For U S Senate Committee**

Mailing Address 407 W Jefferson Street

City	State	Zip Code
Boise	ID	83702

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. James E. Risch**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : 21140696**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of John Boehner**Mailing Address 7908 Cincinatti Dayton Road  
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. John A. Boehner**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : 21140697**

Amount of Each Disbursement this Period

500.00
--------

Contribution

Full Name (Last, First, Middle Initial)

**B. Vicky Hartzler For Congress**

Mailing Address P.O. Box 415004

City Kansas City State MO Zip Code 64141

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Vicky Hartzler**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : 21140698**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Welch For Congress**

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Peter Welch**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2013

**Transaction ID : 21140699**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Robin Kelly For Congress**

Mailing Address PO Box 6953

City	State	Zip Code
Chicago	IL	60680

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Robin Kelly**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2013

**Transaction ID : 21141015**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Mark Pryor For U.S. Senate**

Mailing Address PO Box 2720

City	State	Zip Code
Little Rock	AR	72203

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Mark L. Pryor**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2013

**Transaction ID : 21151619**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Texans For Henry Cuellar Congressional Campaign**Mailing Address 1519 Washington Street  
Suite 200

City	State	Zip Code
Laredo	TX	78040

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Henry Cuellar**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2013

**Transaction ID : 21151620**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Paul Cook For Congress**

Mailing Address PO Box 365

City	State	Zip Code
Yucca Valley	CA	92286

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Paul Cook**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2013

**Transaction ID : 21151621**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Susan Davis For Congress**

Mailing Address PO Box 84049

City	State	Zip Code
San Diego	CA	92138

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Susan A. Davis**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 53

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2013

**Transaction ID : 21151622**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Vargas For Congress**

Mailing Address 330 Encinitas Blvd., Suite 101

City	State	Zip Code
Encinitas	CA	92024

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Juan C. Vargas**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2013

**Transaction ID : 21151623**

Amount of Each Disbursement this Period

500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Buddy Carter For Congress**

Mailing Address 200 E St Julian St Suite 603

City	State	Zip Code
Savannah	GA	31401

Purpose of Disbursement  
Contribution

Candidate Name

**Earl Carter**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2013

**Transaction ID : 21151624**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Dick Durbin**

Mailing Address PO Box 1949

City	State	Zip Code
Springfield	IL	62705

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Richard J. Durbin**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2013

**Transaction ID : 21151625**

Amount of Each Disbursement this Period

500.00
--------

Contribution

Full Name (Last, First, Middle Initial)

**C. Davis For Congress/Friends Of Davis**

Mailing Address 5956 W. Race Avenue

City	State	Zip Code
Chicago	IL	60644

Purpose of Disbursement  
Void of 04/13 Check

Candidate Name

**Rep. Danny K. Davis**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2013

**Transaction ID : 21157346**

Amount of Each Disbursement this Period

-1500.00
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Void of 04/13 Check

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dave Camp For Congress**Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
Void of 08/13 check

Candidate Name

**Rep. David Lee Camp**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2013

**Transaction ID : 21157347**

Amount of Each Disbursement this Period

-3000.00
----------

Void of 08/13 check

Full Name (Last, First, Middle Initial)

**B. Beatty For Congress**

Mailing Address PO Box 172

City Columbus State OH Zip Code 43216

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joyce Beatty**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : 21158421**

Amount of Each Disbursement this Period

500.00
--------

Contribution

Full Name (Last, First, Middle Initial)

**C. Julia Brownley For Congress**

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Julia Brownley**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : 21158428**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-1500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Cheri Bustos**

Mailing Address P.O. Box 77

City	State	Zip Code
East Moline	IL	61244

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Cheri Bustos**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : 21158430**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Davis For Congress/Friends Of Davis**

Mailing Address 5956 W. Race Avenue

City	State	Zip Code
Chicago	IL	60644

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Danny K. Davis**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : 21158432**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Garamendi For Congress**

Mailing Address 3605 Long Beach Blvd., Ste. 426

City	State	Zip Code
Long Beach	CA	90807

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. John Garamendi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : 21158434**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 131 OF 133

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Johnson For Congress**

Mailing Address P.O. Box 14496

City	State	Zip Code
Poland	OH	44514

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Bill Johnson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

**Transaction ID : 21158435**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Kirkpatrick For Arizona**

Mailing Address PO Box 12011

City	State	Zip Code
Casa Grande	AZ	85130

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ann Kirkpatrick**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

**Transaction ID : 21158472**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Dan Maffei**

Mailing Address PO Box 230

City	State	Zip Code
Syracuse	NY	13201

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Daniel B. Maffei**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

**Transaction ID : 21158478**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Scott Peters For Congress**

Mailing Address PO Box 70980

City	State	Zip Code
Washington	DC	20024

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Scott Peters**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : 21158484**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Jason Smith For Congress**

Mailing Address PO Box 1324

City	State	Zip Code
Cape Girardeau	MO	63702

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jason Smith**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : 21158490**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. New Millenium PAC**

Mailing Address Post Office Box 632

City	State	Zip Code
Union City	NJ	07087

Purpose of Disbursement  
2013 Contribution

Candidate Name

**New Millenium PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : 21158491**

Amount of Each Disbursement this Period

2500.00
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2013 Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 133 OF 133

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Tiberi For Congress**Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Patrick J. Tiberi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : 21158497**

Amount of Each Disbursement this Period

2500.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. Jobs, Opportunity & Education, PAC (JOEPAC)**

Mailing Address 84-54 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
Void of 06/13 Check

Candidate Name

**Jobs, Opportunity & Education, PAC (JOEPAC)**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : 21194829**

Amount of Each Disbursement this Period

-2000.00
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Void of 06/13 Check

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00
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65050.00
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